In re Application of:		)	Attorney Docket No.: 47004.00026			
C	Gregory PHILLII	PS, et al.	)	Group Art U	nit:	To Be Assigned
Applicat	ion Number:	10/670,358	)	Examiner:	То В	e Assigned
Filed:	September 26,	2003	)			
For:	DEBIT PURCE	HASING OF STORE	D VA	LUE CARD	FOR US	SE BY AND/OR

## SUPPLEMENTAL PRELIMINARY AMENDMENT UNDER 37 C.F.R. § 1.115

## MAIL STOP PATENT APPLICATION

**DELIVERY TO OTHERS** 

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Prior to initial examination of the above-captioned patent application, kindly enter the following supplemental amendment to the subject application.

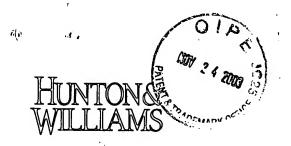
Page 2

Small Entity Status Claim: is hereby requested. is of record in this application.

Respectfully submitted,

By: Mmas D. Bradshaw
Thomas D. Bradshaw
Registration No. 51,492

November 24, 2003



INTELLECTUAL PROPERTY DEPARTMENT HUNTON & WILLIAMS LLP 1900 K STREET, N.W. WASHINGTON, D.C. 20006-1109

TEL 202 • 955 • 1500 FAX 202 • 778 • 2201

File No: 47004.000262

Thomas D. Bradshaw Direct Dial: (202) 955-1603

EMAIL: TBRADSHAW@HUNTON.COM

November 24, 2003

Application Number

1010111001 24, 2003

10/670,358

**Applicant** 

Gregory PHILLIPS, et al.

Filed

: November 3, 2003

Title

DEBIT PURCHASING OF STORED VALUE CARD FOR USE BY AND/OR

DELIVERY TO OTHERS

TC/Art Unit

To Be Assigned

Examiner:

To Be Assigned

Docket No.

47004.000262

Customer No.

21967

## MAIL STOP PATENT APPLICATION

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application. Fees have been calculated as shown below:

		CLA	IMS AS AMENDE	D			
		Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rarge Entity	Small Entity	Amount
Number of Claims in Excess of 20		36	37	0	\$ 18.00	\$ 9.00	\$ 0.00
Independent Claims in Excess of 3		16	16	0	\$ 86.00	\$ 43,00	\$ 0.00
First Presentation of Multiple Dependent Claims					\$ 290.00	\$ 145.00	\$ 0.00
Extension Fee: a) One Month b) Two Months c) Three Months d) Four Months					\$ 110.00 \$ 420.00 \$ 950.00 \$1480.00 \$2010.00	\$ 55.00 \$ 210.00 \$ 475.00 \$ 740.00 \$1005.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
Other:							\$ 0.00
TOTAL FEE DUE							\$ 0.00

X	No additional fee is required	],
	A check in the amount of \$	is attached.
	Charge \$	to Deposit Account No. 50-0206.
$\boxtimes$	Charge any additional fees	or credit any overpayment to Deposit Account No. 50-0206.